

Scientastic!

SLEEP JOURNAL

Name _____

Date _____

As we complete our sleep exploration activity indicate your bedtime and wake time to the nearest quarter hour (See "Recording Your Time Worksheet") for 10 days.

	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Average
Bedtime (to nearest quarter hour)												
Wake Time (to nearest Quarter Hour)												
Total Sleep Time (Hours)												

Do you snore? Yes _____ No _____
Do you have difficulty sleeping? Explain.